

EXHIBT 15

MetLife®**Account Rep Inquiry**

19-Jan-00

COMPLAINTS BY REGION AND DISTRICT

CASE NBR	REGION	DISTRICT	STAT	CASE TYPE	COMPLAINT CODE	RELIEF	POLICY NBR	CUSTOMER	OPEN DATE	CLOSE DATE	REFUND AMT.	ST
AGENT NAME KACZMAREK KENNETH												
00000217847	82	J15		REGULAR	REPLACEMENT	Y	89	M	4/12/94	7/18/94	871.00	PA
AGENT NAME KACZMAREK K												
00000245485	82	J15		REGULAR	DELAY	N	83	E1	0/25/95	11/21/95	0.00	PA
AGENT NAME KACZMAREK KEN												
00000244380	82	J15		REGULAR	MISUNDERSTANDING POL	N	94	M	10/2/95	10/20/95	0.00	PA
00000241024	82	J15		REGULAR	REPLACEMENT	Y	89	JL	7/6/95	10/30/95	2931.00	PA
AGENT NAME KACZMAREK KENNETH												
00000149984	82	J15	A	INSDEPT	DELAY	Y	65	A	2/9/89	3/7/89	0.00	PA
00000174713	82	J15	A	INSDEPT	REPLACEMENT	Y	88	UL	6/7/91	8/14/91	1920.00	PA
00000180733	82	J15	A	INSDEPT	MISREPRESENTATION	Y	88	UM	2/4/92	6/10/92	1644.00	PA
00000217848	82	J15		REGULAR	REPLACEMENT	Y	90	UL	5/27/94	7/14/94	1402.00	PA
00000221602	82	J15		REGULAR	MISUNDERSTANDING POL	Y	88	UL#	7/13/94	9/28/94	3452.00	PA
00000203303	82	J15	A	INSDEPT	MISREPRESENTATION	N	88	UL	1/10/94	11/15/94	0.00	PA
00000229622	82	J15		REGULAR	REPLACEMENT	Y	88	UM#	0/21/94	2/23/95	11017.00	PA
00000234743	82	J15		INSDEPT	MISCELLANEOUS	Y	93	A	2/16/95	3/27/95	0.00	PA
00000220609	82	J15		REGULAR	MISUNDERSTANDING POL	Y	90	UL	6/22/94	11/9/95	4560.00	PA

CONFIDENTIAL**REDACTED
CONFIDENTIAL POL
INFO**

Page 1 Of 1

EXHIBT 16

REDACTED CONFIDENTIAL POL INFO

CONFIDENTIAL

MP401112753

[illegible]

MP401112754

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TS Bgt.
Transmittal Form
927512010

Call Up 2/25

☒ Other Officer
☐ Direct

104

☒ Residential
☐ Insurance Dept.

Division 8 ICCS Facility L. Monro

Owner/Insured [REDACTED] 417

Policy Number(s) 88 6285

Substance of Complaint 10/1/88

Disposition of Complaint

Completed by

Date

Complaint Valid: ☐ Yes ☐ No ☐ No Complaint (Inquiry)

Name

Date

Summary Date 3/31

Date Received 3/31

Date of Field Use

Third Service 19

Signature [Signature]

Consumer Services
New York Home Office
Area 1-2

Consumer Services Unit Only

Maya Shump
Vivian
Carmel
Area 1-2

5/10/12

MP401112755

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[illegible]

MP401112756

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TELETYPE UNIT (1) 300-444-4000

RECEIVED
FEB 09 1992
JACK SMITH

January 15, 1992

COMMONWEALTH OF PENNSYLVANIA
INSURANCE DEPARTMENT
ROOM 300, STATE HOUSE
HARRISBURG, PA 17103
TEL: 717-781-1234

Metropolitan Life Insurance Company
500 Schuylkill Road
Jonestown, PA 15915
ATTN: Salvatore R. Masucci

RE: Insured: 92 306 00168
File #:

Gentlemen:

Enclosed is a copy of a complaint we have received from the above-captioned complainant(s).
Would you kindly review this matter and advise this Department of your findings within ten working days.
Your cooperation in this matter will be appreciated.

Sincerely yours,

Ray Opatowicz

Ray Opatowicz
Consumer Services Representative
Bureau of Consumer Services

4-2

92 FEB 7 - 7 - 12 31

MP4011112757

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**COMMONWEALTH OF PENNSYLVANIA
INSURANCE DEPARTMENT**

INSURANCE COMPLAINT FORM

OFFICE USE ONLY
INVEST: _____
FILE #: _____

In response to your request for assistance, we are sending this Insurance Complaint Form. In order that an investigation may be conducted, please complete this form and return it to the nearest regional office. You will be hearing from us in the near future.

YOUR NAME: _____
ADDRESS: _____
SOCIAL SECURITY #: _____
INSURED: _____

DAYTIME TELEPHONE: _____
HOME: (AREA CODE) _____
WORK: (AREA CODE) _____

SECTION A

1. Type of Insurance (Please check one)
☐ AUTO ☐ LIFE ☐ FIRE ☐ HEALTH ☐ OTHER _____

2. (a) If your problem involves an insurance company, give the full name of the company:
METRO POLICE LIFE

(b) If your problem involves an agent or broker, give either full name and address:
Agent _____
 City #: _____

3. Policy #: _____
 4. Date and location of accident or loss: _____
 5. Have you previously reported this problem to our office or any other agency?
 Yes ☐ No ☒ If yes, to whom: _____

SECTION B. PLEASE CHECK THE STATEMENT(S) THAT APPLY TO YOUR PROBLEM.

1. ☒ The agent misrepresented the policy to me.
 2. ☐ The agent did not fully explain the conditions or limitations of the policy to me.
 3. ☐ I have been unable to get information from the company concerning my action being taken on my problem.
 4. ☐ The company has not timely rejected my claim.
 5. ☐ _____

(CM/10) 7-14
 continued on reverse side

MP4011112758

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5. The company has not paid the full benefits to which I am entitled.

6. The company has delayed processing my claim.

7. The settlement and/or adjustment of my claim is not proper.

8. I feel the settlement and/or adjustment of my claim is not fair.

9. The company has not returned the premium unless I feel are due me.

10. I believe the company's action of cancellation or termination of my policy was not justified.

11. Briefly in your own words describe your problem. If more space is needed, please attach additional sheets. Attach copies of policies, papers and correspondence.

ALL CONFIDENTIAL REVERSAL

8/16/90

89 UM

Mrs. Rep. from 1st DAY

79 A

I have explained all the details surrounding the sale of the fund on 11/1/90. The sale was made to the other and all the other remaining changes concerning the sale are being changed.

PLEASE SIGN AND DATE THE STATEMENT BELOW:

To the best of my knowledge, the information contained herein is correct. I am attaching copies of policies, papers and other correspondence relative to this problem. I understand that a copy of this statement will be furnished to the insurance company involved.

DATE

SIGNATURE

ADDRESS

CITY

STATE

ZIP

PHONE

MASSACHUSETTS OFFICE

Room 1121, 100 State Street, Boston, MA 02109

HARRISBURG OFFICE

Room 1121, 100 State Street, Harrisburg, PA 17101

PHILADELPHIA OFFICE

Room 1121, 100 State Street, Philadelphia, PA 19101

SPRINGFIELD OFFICE

Room 1121, 100 State Street, Springfield, MA 01101

WASHINGTON OFFICE

Room 1121, 100 State Street, Washington, DC 20001

MP4011112759

CONFIDENTIAL

Metropolitan Life
METROPOLITAN LIFE INSURANCE COMPANY

August 28, 1991

Metropolitan Life Insurance Company
One Madison Avenue, New York, NY 10017-2499

Dear Policyowner:

I am pleased to enclose a copy of the Metropolitan Series Fund, Inc.'s Semiannual Report, which reflects the financial condition and investment performance of the Metropolitan Series Fund, Inc. as of June 30, 1991.

The Metropolitan Series Fund is a mutual fund which was established in 1951. The Metropolitan Series Fund is used as a vehicle for the purchase of shares of several types of insurance products and its affiliates. This fund is used as the basis for determining products, including your Flexible Premium Multitender Life Insurance (FPMI) policy.

The index of investment experience for each division in the FPMI Separate Account reflects the performance of the respective FPMI Separate Account. However, please note that the FPMI index values will differ from the index values for the FPMI Separate Account portfolios for the asset value per share of the Series Fund portfolios for the reasons described in your prospectus.

The following table shows the FPMI investment division index values as of June 28, 1991, and December 31, 1990.

Division	Index Value	
	As of June 28, 1991	As of December 31, 1990
Money Market	\$14.28	\$13.93
Income (Fixed)	13.34	13.31
Income (Stock)	17.37	13.85
Growth	14.66	13.45
Equity Income	12.06	11.40

Detailed financial reports for the Separate Account will be included in the regular annual editions of your prospectus.

MetLife, a leader in the financial services industry for over 120 years, is the Metropolitan Series Fund's insurance company, a wholly owned subsidiary of MetLife. We thank you for your business and look forward to serving you now and in the years ahead.

Sincerely,

*R. J. Kinn*Respectfully,
R. J. Kinn

MP4011112761

CONFIDENTIAL

REDACTED CONFIDENTIAL POL INFO

02/26/1992 14:54:23 MSG: 92-00509018 PRIORITY: 2
 FROM: BEAUFORD VERNELL, JR. 2 SENT: 02/24/92 3:40 PM
 TO: 266 - ERIC SHORES, ON 2
 SUBJ: [REDACTED] - CIVIL SERV - A
 [REDACTED] UN AND 75
 POLICIES 86
 ATTENTION: KEITH LOHN, BRANCH MANAGER
 WE RECEIVED A LETTER FROM THE PENNSYLVANIA INSURANCE DEPARTMENT CONCERNING
 THE SALE OF POLICY 86 [REDACTED] UN AND THE CANCELLATION, BY SURRENDER,
 OF POLICY 86 [REDACTED] A.
 THE INSURANCE DEPARTMENT HAS REQUESTED THAT YOU PROVIDE THEM WITH A
 LETTER EXPLAINING ALL THE DETAILS SURROUNDING THE SALE OF THE UNIVERSAL
 LIFE POLICY INCLUDING THE REASON FOR CANCELLATION OF POLICY 78 [REDACTED] A.
 PLEASE SEND THE LETTER TO ME SO THAT IT CAN BE SENT TO THE INSURANCE DEPARTMENT
 ALONG WITH OTHER REQUESTED INFORMATION.
 IF YOU WISH TO DISCUSS THIS WITH ME, PLEASE FEEL FREE TO CALL.
 N/P PAGE: [REDACTED] FORWARD? CANCEL? FILE? RETURN?

Medlife

MP4011112762

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Metropolitan Life Insurance Company
 Bureau of Consumer Services
 Bureau of Pennsylvania
 Insurance Department
 Room 304 State Office Building
 300 Liberty Avenue
 Pittsburgh, PA 15222

LAWRENCE J. WYKULA
 Vice President
 21 Consulting & Claims Service

Ray Osobowski
 Consumer Services Representative
 Bureau of Consumer Services
 Bureau of Pennsylvania
 Insurance Department
 Room 304 State Office Building
 300 Liberty Avenue
 Pittsburgh, PA 15222

Re: Your file number, 91 386 00168
 Insured - [REDACTED]
 Policies as [REDACTED]

Dear Sir:

Your letter dated January 31, 1992 which was sent to our office in Johnstown, PA has been referred to this office for handling.

In accordance with our procedure, we are in the process of obtaining a statement from Account [REDACTED] of Keith Lohm concerning the sale of Policy [REDACTED] as well as a copy of the Service Request form signed by the Policyholder authorizing the surrender of Policy [REDACTED].

However, based on the file that was forwarded from Johnstown, PA, it appears that the correspondence from the policyholder stating how the sale of the Universal Life Policy was misinterpreted and what they would like us to consider in no review of this matter. If there were no additional correspondence, we would tell us if we are to consider canceling the Universal Life Policy and reinstate the older life policy [REDACTED] applied to the universal life policy to [REDACTED]. We hope to hear from you soon. We are proceeding as stated above with regard to the Account Representative.

Sincerely

L. A. Wykula
 Vice-President
 February 26, 1992

REDACTED CONFIDENTIAL POL INFO

ATTENTION

MP401112764

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2
3
4
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6
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9
10
11

Dear Mr. L. A. Urquhart

this is payment needed to
reverse penalty 88 [redacted] cm
to Argentine Valley 79 [redacted] 9.
My file nr. 92 306 00303
Thank you for your attention.

MP4011112765

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Mr. J. A. Thacker
2nd Lieutenant, 1st Division
ONE Madison Ave
New York, N.Y. 10017-5650
APR 19 1992
PATRICIA SWAN
RECEIVED & OPENED

147-27740

MP4011112771

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7 2 0 3 1 3 1 7 7 3 0 3

92 1 2 1 0 3

Mark Flynn, Supervisor
Consumer Relations
Johnstown Administrative Office


Re Rabeca Author
Policies 8 [redacted] UK and 75 [redacted] A

Please see the copy of the correspondence to the insurance department for the above.

We offered to lift Policy 8 [redacted] UK and reverse the surrender of Policy 75 [redacted] A. The policyholder has sent in a check (attached) for the balance needed to complete the transactions.

Please handle and advise when all is completed.
If you have any questions, please feel free to call me at the number shown below.

Thank you for your help.


Vernelle DeAngelo
Staff Consultant
Personal Insurance Consulting Services
(212) 578 5625
May 20, 1992

FROM: JIMMY
Consumer Relations
..... 00000000

MP401112772

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LEONARD BERGLER
Lecturer, Yale School of Medicine

3.

MAY 22 1992

Personnel & Services
Department, Washington Office

頁

254

SS [REDACTED] um

Refund - \$1,644.23

Quinn

[REDACTED]

210,000 ml.
(200) ml of 10%

11/11/11

Issued 4/5/79
Jd. to 10/9/89

96.46 10/9/99

Due	1,182.23
Cash Value	231.40
Net	518.40
Returned	1,531.82

94-152

519.46
519.46

1931.65

New
 4 from um - 1, 644.22
 Office 287.40
 1,931.62

287.40
291.62
 4.22

10

[illegible]

THE UNIVERSITY OF CHICAGO

Request for Policy or Culture:

Power

MP401112774

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[illegible]

3

MP401112776

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REDACTED CONFIDENTIAL POL INFO

New York Home Office		New York Field Office	
Area	Request for Policy or Contract Data	Area	Request for Policy or Contract Data
Accounting and Auditing		Administrative Services	
Business Development		Business Development	
Capital and Risk Management		Capital and Risk Management	
Compliance and Regulatory Affairs		Compliance and Regulatory Affairs	
Corporate and Financial Services		Corporate and Financial Services	
Customer Service		Customer Service	
Finance and Accounting		Finance and Accounting	
Human Resources		Human Resources	
Information Technology		Information Technology	
Legal and Regulatory Affairs		Legal and Regulatory Affairs	
Marketing and Sales		Marketing and Sales	
Operations		Operations	
Product Development		Product Development	
Real Estate		Real Estate	
Research and Development		Research and Development	
Risk Management		Risk Management	
Security		Security	
Special Services		Special Services	
Training and Development		Training and Development	
Union Relations		Union Relations	
Other		Other	

Area	Request for Policy or Contract Data	Area	Request for Policy or Contract Data
Administrative Services		Administrative Services	
Business Development		Business Development	
Capital and Risk Management		Capital and Risk Management	
Compliance and Regulatory Affairs		Compliance and Regulatory Affairs	
Corporate and Financial Services		Corporate and Financial Services	
Customer Service		Customer Service	
Finance and Accounting		Finance and Accounting	
Human Resources		Human Resources	
Information Technology		Information Technology	
Legal and Regulatory Affairs		Legal and Regulatory Affairs	
Marketing and Sales		Marketing and Sales	
Operations		Operations	
Product Development		Product Development	
Real Estate		Real Estate	
Research and Development		Research and Development	
Risk Management		Risk Management	
Security		Security	
Special Services		Special Services	
Training and Development		Training and Development	
Union Relations		Union Relations	
Other		Other	

Area	Request for Policy or Contract Data	Area	Request for Policy or Contract Data
Administrative Services		Administrative Services	
Business Development		Business Development	
Capital and Risk Management		Capital and Risk Management	
Compliance and Regulatory Affairs		Compliance and Regulatory Affairs	
Corporate and Financial Services		Corporate and Financial Services	
Customer Service		Customer Service	
Finance and Accounting		Finance and Accounting	
Human Resources		Human Resources	
Information Technology		Information Technology	
Legal and Regulatory Affairs		Legal and Regulatory Affairs	
Marketing and Sales		Marketing and Sales	
Operations		Operations	
Product Development		Product Development	
Real Estate		Real Estate	
Research and Development		Research and Development	
Risk Management		Risk Management	
Security		Security	
Special Services		Special Services	
Training and Development		Training and Development	
Union Relations		Union Relations	
Other		Other	

MP401112777

MetLife
Metropolitan Life Insurance Company
New York, New York 10001

To: Financial & Electronic Services

Form 190-A

190-A Control No. (To be entered by the F&ES Clerk) 0026573

Sales Office No. _____ / Agency No. _____

190-A Type Code	Insured's Name, Policy Number, Check Number, Etc.	Authorizing Division, Clerk's Name	Amount of Remittance
6	79 [REDACTED] A	LINDA RINGIER	\$ 1413.23

Remarks (For Head Office Use Only):
 Recall # _____ From Policy No. _____ F&ES holding # _____ On Control No. _____
 Additional Comments: _____

Use this form for reporting the miscellaneous remittances listed below:

190-A Type Codes (Enter the appropriate Type Code.)

1. Sale of Sales Office furniture
2. 222 adjustments ("USE" Code)
3. Sales Office expense reimbursement ("USE" Code)
4. Counsel/Dues Adv. overpayment ("USE" Code 140/150)
5. Career Success School expenses, FVA kits, etc.
6. C.B., N.E., reversals/adjustments
7. D.C., N.E., reversals/adjustments
8. Lump sum payments
9. Disability overpayments
10. Overpayments C.B., Loan, etc.
11. Change reversals/adjustments
12. Policy fees
13. 1st year expense charge (UL/ULI reinstatement)
14. Reimbursement of "MO" COM draft
15. Payment collected on premium increase
16. MEDP reversals
17. Return of Advance for Manager's Bank Account
18. Reimbursement for Advertising
19. Agent's License Fees
20. P&SHO, P&STUR, DUPPOL (quarterly clearing of NFES Lodgers)
21. P&SHO, P&STUR, DUPPOL (quarterly clearing of NFES Lodgers)
22. Insurance/GSL/FGLI
23. Overpayment BFP Claims (SERG only)
24. Metropolitan Mutual Funds (SERG only)

Completed by: Linda Ringier

Processed by F&ES Clerk: _____

190-A (Rev. 1/99) Printed in U.S.A.

LINDA RINGIER
 Electronic Services
 MAY 29 2002

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LINDA RINGER
Program Review

MAY 29 1992

Personal & Services
Administration Office

820's July 1991
A - 281.40 - 1511355 - 4135 04135 461215
231.10 - 1511355 - 4135 04135 461215
512.40

820 m - 824 to 10/1/91

820 therapy 32 pms (818 to) to 6/1/92

Station of # 88 1001 10 R (revised)

Request for Policy or Contract Data

Marshall & Jones, Inc.
1000 17th Street, N.W.
Washington, D.C. 20036

Contract # [REDACTED]
Policy # [REDACTED]
Requester [REDACTED]
Date [REDACTED]

MP401112780

TO: ADJUSTMENT
 Cash & Loan Approving
 Policyholder Services-Midwestern

TO: X
 Consumer Relations, Customer Services
 Head Office

PLEASE LIST POLICY Item Policy lifted, MAKING THE ADJUSTMENT INDICATED BELOW:

POLICY #		POLICY # <u>718</u>	
DEBIT		CREDIT	
Trans. 1st Yr. \$	Susp. Assets \$	Susp. Assets \$	Susp. Assets \$
Trans. Renewal \$	Susp. Liab. \$	Susp. Liab. \$	Susp. Liab. \$
Loan Interest \$	Loan \$	Loan \$	Loan \$
Susp. Assets \$	Cash Value \$	Loan Interest \$	Loan Interest \$
Susp. Liab. \$	Dividends \$	Dividends \$	Dividends \$
	D.O.B. \$	Cash Value \$	Cash Value \$
	Cost of Insurance \$	D.O.B. \$	D.O.B. \$
TOTAL \$	TOTAL \$	TOTAL \$	TOTAL \$

POLICY FACTS FOR LISTED POLICY

Insured [REDACTED]
 Paid To Date [REDACTED]
 Made [REDACTED]
 District 115 115
 Agency/Index 115
 Commission \$ Allow Deduct V

ATTACHMENTS

POLICY [REDACTED]
 CPF [REDACTED]
 DIV. REQ. [REDACTED]
 980 [REDACTED]
 OTHER [REDACTED]
 APP [REDACTED]

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MP401112781

MTES CASE COPY FOR 920603
 POL # 79 [REDACTED] A SURNAME [REDACTED] CC # 92780/88310 10: VIRGINIA SURNA
 A/N/M ISS YR/TS PROD TYPE: 1 DIST: A78 REASON: 101 LOSS: 00 BLK: CK# 000000000 CK DATE: 00000000 190-A DATE: 028883 PLAN: 1008
 EXPLANATION: TO REVERSE CVS CASH SURR PMNT OF 10-3-88 &
 CLEAR 190A DATED 8-28-92. CONTROL #00288883. SUSP LEAD TO BE CLEARED NEXT
 DAY VIA MTES WHEN LOAN RVCNFRD. INSURED - [REDACTED]

SEQ	DEPT	ACCT	DESCRIPTION	DEBIT	CREDIT
006	020	02800	INTEREST ON LOANS	8.33	1873.66
001	020	48001	SURR. VALUES-DIR. BUS.	.00	145.96
003	020	48008	NOTICE AT	.00	.00
004	020	72100	TEMPORARY LOANS	221.00	.00
018	020	76200	DOB	1613.21	.00
018	020	88101	SUSPENSE LIABILITY DEPT	.00	231.00

NOTICE FEEDBACK WAS PRODUCED
 DIVISION FEEDBACK TT 22 INT SE WAS PRODUCED
 TV CURR. DIV. CMB AT/AA 197 EK DIV DWT 5 377.40 CUM. 197 CV AT/AA 5 145.96

38
 LOAN FEEDBACK INC SEE WAS PRODUCED

TO

POL:

3 R

Pres.
Pren.
Loan
Susp
Susp

TOT:

/P

Insu:
Paid
Mode
Dint:
Agen:
Comm

CONFIDENTIAL

REDACTED CONFIDENTIAL POL INFO

NTES CASE COPY FOR 910804
 POL #170 [REDACTED] A SURNAME [REDACTED] CC #6: 82780/88310 ED: VIRGINIA BUNAJA
 A/M N ISS TR: 78 PROD TYPE: 1 DIST: 178 REASON: 998 LOSS: 00 BLK: [REDACTED] CKP: 0000000000 CK DATE: 000000 180-A DATE: 000000 PLAN: 1808
 EXPLANATION: SUSP ITEM TRANS. TO CLEAR SUSP LEAS CREDITED
 VIA NTES 8-3-92 & REVERSE CVS NEW LEAS OF 8-18-94. INS - [REDACTED]
 SEQ DEPT ACCT DESCRIPTION DEBIT CREDIT
 008 020 78100 TEMPORARY LOANS 231.00
 019 020 88101 SUPERVISE LIABILITY DEPT 231.00
 LOAN FEEDBACK YMC 789 WAS PRODUCED

POL #170 [REDACTED]
 A/M N ISS TR: 78
 EXPLANATION: SUSP ITEM TRANS. TO CLEAR SUSP LEAS CREDITED
 VIA NTES 8-3-92 & REVERSE CVS NEW LEAS OF 8-18-94. INS - [REDACTED]
 SEQ DEPT ACCT DESCRIPTION DEBIT CREDIT
 008 020 78100 TEMPORARY LOANS 231.00
 019 020 88101 SUPERVISE LIABILITY DEPT 231.00
 LOAN FEEDBACK YMC 789 WAS PRODUCED

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MP401112782

MP4011112785

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AND CURRENT RELATIONSHIP. NAME OF CHURCH: [REDACTED] DATE: 06/11/92 11:14 AM PRIORITY: 2
MURKEL BLANDED [REDACTED]

1. BE ADVISED [REDACTED] 01/01/92 10:14:20 [REDACTED] HAS BEEN COMPLETED.

2. ADVISOR OF POLICY 06 [REDACTED] A IS ADVISED AND THE POLICY IS
ONLY PAID TO JUN 92 1992. [REDACTED] REQUESTED THAT THE DISTRICT CONTACT
SOURCE REGARDING THE RECONSTRUCTION OF THE POLICY.

3. ADVISOR REQUESTED THAT THE POLICY BE RECONSTRUCTED DIVISION IN THE VARIOUS
BE COUNTER 1992. [REDACTED] 11/11/92 11:14 AM 11 TO THE INSURED.

4. RINGOLD 11/11
COUNCIL 11/11/92

CONFIDENTIAL

REDACTED CONFIDENTIAL POL INFO

SPECIAL PROCESSING CASE: TAMPA CRIMINAL PA RECEIVED NATIONAL OTHER

TO: M INDUSTRIAL PROCESSING ADJUSTMENT UNIT TO: M Customer Relations, Customer Services Head Office

PLEASE LIFT POLICY 90 U.C. MAKING THE ADJUSTMENT INDICATED BELOW:

POLICY # <u>90</u> <u>U.C.</u>		POLICY # <u>90</u> <u>MA</u>	
DEBIT	CREDIT	DEBIT	CREDIT
Prem. 1st Yr. \$	Susp. Assets \$	Susp. Assets \$	Susp. Assets \$
Prem. Renewal \$	Susp. Liab. \$	Susp. Liab. \$	Susp. Liab. \$
Loan Interest \$	Loan \$	Loan \$	Loan \$
Susp. Assets \$	Cash Value \$	Loan Interest \$	Loan Interest \$
Susp. Liab. \$	Dividends \$	Dividends \$	Dividends \$
PURM \$	Refund Check Amount \$	Cash Value \$	Cash Value \$
Misc Interest \$	Cost of Insurance \$	190A \$	190A \$
Misc Loss \$	TOTAL \$	Misc. Loss \$	Misc. Loss \$
TOTAL \$		TOTAL \$	

POLICY FACTS FOR LIFTED POLICY

Insured [REDACTED] OK for Losses Date

Paid to Date

Mode of

District

Agency/Index

Commission \$ Allow Deduct

of Premiums 16 Mode QUARTERLY

How Paid to Date 11-04

REFUND CHECK ALREADY ISSUED BY OCR ON

REFUND CHECK TO BE ISSUED BY ADJUSTMENT UNIT

ISSUE CHECK PAYABLE TO: Insured Owner on File Other

SEND CHECK TO: Address on File District Other

(5/6/94cd)

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MP401112790

010 910 POST NOTICE PROVIDED
 010 000 010 BUSINESS ASSETS DEPARTMENT \$ 879.60
 PAID TO DATE 01/01/70 \$ 879.60
 NAME: E. ROBERT C. NEWBORTH, JR. DUE DATE: 01/01/70 PREP: 6
 010 000 010 BUSINESS ASSETS DEPARTMENT \$ 879.60
 PAID TO DATE 01/01/70 \$ 879.60
 NAME: E. ROBERT C. NEWBORTH, JR. DUE DATE: 01/01/70 PREP: 6

9409072187

CONFIDENTIAL

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MP401112791

94090921376

DATE	TIME	LOCATION	DESCRIPTION	STATUS	REMARKS
008-000	0000	000000	TEMPORARY LOAN	1	10-00
008-000	0000	000000	TEMPORARY LOAN	2	10-00
008-000	0000	000000	TEMPORARY LOAN	3	10-00
008-000	0000	000000	TEMPORARY LOAN	4	10-00
008-000	0000	000000	TEMPORARY LOAN	5	10-00
008-000	0000	000000	TEMPORARY LOAN	6	10-00
008-000	0000	000000	TEMPORARY LOAN	7	10-00
008-000	0000	000000	TEMPORARY LOAN	8	10-00
008-000	0000	000000	TEMPORARY LOAN	9	10-00
008-000	0000	000000	TEMPORARY LOAN	10	10-00

LOAN FEEDBACK, INC. 010 HAS PROVIDED

